Date:	12/	18	V	}
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City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No Required – Can be on registration table	obtained from agenda	Name _ Address _	Henry 1 946 S Madoso-	Doane palgh	+ st 2 53707
			Oppose Wish to spea Do not wish Available to		stions
At this meeting are	ou representing an organ	nization or a person	other than yourself:		
☐ No - <i>STOP - you</i>	ı are done with this form	!			
Yes - go on to th	e next question				
Name, address and t	elephone number of each	n person or organiza	tion you are representi	ng:	
Are you being paid f	or your representation?			☐ Yes	Ū∕No
Are you appearing a	s part of your other paid	duties for this perso	n or organization?		
☐ No - STOP - you	are done with this form				
Yes - go on to the	e next question				
Speaking Limits:	Public HearingInformation Hearing	5 1			

Are you an egovernmental	elected official who is a body?	ppearing solely	on behalf of your o	ffice or for	your mun Yes	icipality or	other (
(If you answe this form. If yo	red "yes" to the question ou answered "no" to the	, STOP. You ne question, go on	ed not complete the re to the next question.)	st of this for	m, except t	hat you mus	t sign
If you are beithat:	ing paid for your represen	ntation, or if yo	our appearance is part	of other pai	d duties, d	o you under	stand
1.	Before you engage in lowith the City Clerk?	obbying as a lob	obyist, you or your pri	ncipal must	file an auth	norization No	
2.	Your principal is not pwith the City Clerk?	permitted to aut	horize you to lobby u	nless the p	rincipal is i	registered No	
3.	Your principal must fi calendar year regardless			Clerk for t	he remaind Yes	ler of the	
(If you answe Office at Root	red "no" to any of the la n 103 of the City-County	st three question Building, Madis	ns, please call the City son, for more informat	Clerk at 20 ion.)	66-4601 or	go to the C	lerk's
Date	12/18/13	Signature Print Name	Many	<u> </u>	·		
		1 11110 1 101110		1			

Date:	

City of Madison Registration Statement – Alcohol License Review Committee

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	01	Name Pe	my Blonci	19/1
Agenda No		Address 2	14 State S	51
Required – Can be on registration tabl	obtained from agenda	\overline{N}	rdison, W.	T 52708
on registration taot		· · ·	1013011/00.	+ 33/5)
Please check the ap	propriate boxes:			
	speak wish to speak le to answer questions		Oppose Wish to speak Do not wish to so Available to ans	•
At this meeting are	you representing an org	anization or a person of	her than yourself:	e que es establista de la companya d
☐ No - <i>STOP - yo</i>	u are done with this for	m	,	and the second s
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Yes - go on to th	e next question			
		ch person or organizatio		
Orohem	n Monga	enent LL	C	
7/4 51	ate St	enent Lh		
(608)	250-2600	ט		
Are you being paid	for your representation?) .		Yes No
Are you appearing a	s part of your other paid	d duties for this person	or organization?	
☐ No - <i>STOP</i> - you	ı are done with this fort	n		
Yes - go on to th	e next question			
Speaking Limits:	Information Hearing	5 mi 5 mi 3 mi	nutes	

Are you an el governmental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
(If you answere this form. If yo	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are beir that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2:	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying. Yes No
(If you answer Office at Room	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)
Date /)//	8/2013 Signature
Date / Z/ 1	Print Name Perry Blanchard

Date: $\frac{\sqrt{2}}{\sqrt{8}}$

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

49	PLEASI	E PRINT CLE	ARLY	
Agenda No	32281. Tained from agenda	Name Address 2	Le Paras L'State Dison W	Stract 01 53703
Please check the appro	priate boxes:			
Support Wish to sp Do not wis Available to			Oppose Wish to speak Do not wish to sp Available to answ	
At this meeting are you	ı representing an organizatio	on or a person oth	er than yourself:	
☐ No – <i>STOP - you a</i>	re done with this form			
Yes - go on to the r	next question			
Name, address and tele	ephone number of each person	on or organization	you are representing:	
214 5	state S.	Ma	lison w	53703
260 -	2600			
Are you being paid for	your representation?] Yes
Are you appearing as p	part of your other paid duties	for this person o	r organization?	
No − STOP - you a	re done with this form			
Yes - go on to the r	next question			
Speaking Limits:	Public Hearing Information Hearing Other Items	5 mir	nutes	

	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?			
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)		
If you that:	u are bei	ing paid for your representation, or if your appearance is part of other paid duties, do you understand		
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	3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.		
		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)		
Date	12-	-18-13 Signature Signature		
		Print Name + V 1 + Tax Cas		

Date: 2 - 18 · 13

City of Madison Registration Statement – Alcohol License Review Committee

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#9	PLEASE	PRINT CLE	EARLY		
Agenda No. Some Property of the Agenda No. Some Property of th	btained from agenda	Name Address D	us Po	ate:	S37-03
Please check the appr	ropriate boxes:				
	speak rish to speak e to answer questions			peak ish to speak to answer qu	estions
At this meeting are ye	ou representing an organization	or a person oth	er than yourself	•	
No-STOP - you	are done with this form				
Yes - go on to the	next question				
Name, address and te	elephone number of each person	or organization	n you are represe	enting:	
2145	tate Stream	+ Ma	2,500	WI	53703
Are you being paid fo	or your representation?			☐ Yes	Do
Are you appearing as	part of your other paid duties for	or this person o	r organization?		
☐ No - <i>STOP - you</i>	are done with this form				
Yes - go on to the	next question				
Speaking Limits:	Public HearingInformation HearingOther Items	5 min	nutes		

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other body?
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Date $\sqrt{2}$	Signature Jus Pacas Print Name